

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90821

FILED
Jan 22, 2009
Secretary of State

Entity Name: HOME CARE PHARMACY OF PALM COAST, INC.

Current Principal Place of Business:

6 FLORIDA PARK DR.
PALM COAST, FL 32137

New Principal Place of Business:

6 FLORIDA PARK DR. N.
SUITE A
PALM COAST, FL 32137

Current Mailing Address:

6 FLORIDA PARK DR.
PALM COAST, FL 32137

New Mailing Address:

6 FLORIDA PARK DR. N.
SUITE A
PALM COAST, FL 32137

FEI Number: 59-2845068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLIO, GEORGE
346 N. 12TH ST.
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

POLLIO, GEORGE
346 N. 12TH ST.
FLAGLER BEACH, FL 32136 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE POLLIO

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: POLLIO, GEORGE,
Address: 346 N. 12TH ST.
City-St-Zip: FLAGLER BEACH, FL

Title: D () Delete
Name: MINIX, WALKER JR.,
Address: 194 LEWIS ST
City-St-Zip: EDGEWATER, FL 32141

Title: PD () Delete
Name: CORGAN, JOSEPH,
Address: 3735 CORGAN RD.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CORGAN, CAROL ANN
Address: 3735 CORGAN RD.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: POLLIO, GEORGE
Address: 346 N. 12TH ST.
City-St-Zip: FLAGLER BEACH, FL 32724

Title: D (X) Change () Addition
Name: MINIX, WALTER
Address: 194 LEWIS ST
City-St-Zip: EDGEWATER, FL 32141

Title: PD (X) Change () Addition
Name: CORGAN, JOSEPH S
Address: 3735 CORGAN RD.
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH S. CORGAN

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date